County: Dane KARMENTA CENTER

4502 MILWAUKEE STREET

MADI SON 53714 Phone: (608) 249-2137		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	103	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	105	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	98	Average Daily Census:	98

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents ($12/3$	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	56. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	4.1	More Than 4 Years	9. 2
Day Services	No	Mental Illness (Org./Psy)	9. 2	65 - 74	19. 4		
Respite Care	Yes	Mental Illness (Other)	3. 1	75 - 84	26. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	6. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 1	İ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	13. 3		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12. 2	65 & 0ver	95. 9		
Transportati on	No	Cerebrovascul ar	9. 2			RNs	5. 3
Referral Service	No	Diabetes	2. 0	Sex	%	LPNs	8. 3
Other Services	Yes	Respiratory	9. 2		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	37. 8	Male	28. 6	Ai des, & Orderlies	58. 0
Mentally Ill	No			Femal e	71.4		
Provi de Day Programming for		<u> </u>	100. 0		i		
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	=		0ther			Pri vate Pay	.		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	2	4. 3	122	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	2. 0
Skilled Care	36	100.0	335	43	91. 5	104	0	0.0	0	13	100.0	155	0	0.0	0	2	100. 0	362	94	95. 9
Intermedi ate				1	2. 1	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	2. 1	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	36	100.0		47	100. 0		0	0.0		13	100. 0		0	0.0		2	100.0		98	100. 0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti ons,	Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period							
		ľ		% Nee	edi ng		Total
Percent Admissions from:		Activities of	%	Assista	nce of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One Or T	wo Staff	Dependent	Resi dents
Private Home/With Home Health	3. 3	Bathing	12. 2		. 0	36. 7	98
Other Nursing Homes	1. 8	Dressing	23. 5		3. 3	13. 3	98
Acute Care Hospitals	92. 3	Transferring	13. 3		. 4	15. 3	98
Psych. Hosp MR/DD Facilities	0. 5	Toilet Use	36. 7		5. 7	27. 6	98
Rehabilitation Hospitals	0. 0	Eating	78. 6). 2	12. 2	98
Other Locations	1.3	**********************	******	********	. ~ :*********	***********	******
Total Number of Admissions	391	Continence		% Spe	cial Treatm	onts	%
	331		1 (.1 .				• •
Percent Discharges To:		Indwelling Or Externa		4. 1 F	eceiving ke	spiratory Care	10. 2
Private Home/No Home Health	57. 8	0cc/Freq. Incontinent	of Bladder	59. 2 R	eceiving Tr	acheostomy Care	0. 0
Private Home/With Home Health	9. 1	Occ/Freq. Incontinent	of Bowel	48. 0 R	eceiving Su	cti oni ng	0.0
Other Nursing Homes	0.0	ĺ		R	eceiving 0s	tomy Care	0. 0
Acute Care Hospitals	11.6	Mobility			eceiving Tu		2. 0
Psych. HospMR/DD Facilities	0. 5	Physically Restrained		2. 0 R	eceiving Me	chanically Altered Diets	13. 3
Reĥabilitation Hospitals	0.0	<u> </u>			· ·	3	
Other Locations	5.8	Skin Care		0tł	er Resident	Characteri sti cs	
Deaths	15. 2	With Pressure Sores		13. 3 H	lave Advance	Di recti ves	57. 1
Total Number of Discharges		With Rashes		7.1 Med	li cati ons		
(Including Deaths)	396			F	eceiving Ps	ychoactive Drugs	67. 3
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		Ownershi p:		Ownership: Bed Size:					
	This Proprietary		100	- 199	Ski	lled	Al I	l	
	Facility	Peer	Peer Group		Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 3	82. 7	1. 13	83. 8	1. 11	84. 3	1. 11	84. 6	1. 10
Current Residents from In-County	96. 9	82. 1	1. 18	84. 9	1. 14	82. 7	1. 17	77. 0	1. 26
Admissions from In-County, Still Residing	13. 6	18. 6	0. 73	21. 5	0. 63	21. 6	0. 63	20. 8	0. 65
Admissions/Average Daily Census	399. 0	178. 7	2. 23	155. 8	2. 56	137. 9	2. 89	128. 9	3. 09
Discharges/Average Daily Census	404. 1	179. 9	2. 25	156. 2	2. 59	139. 0	2. 91	130. 0	3. 11
Discharges To Private Residence/Average Daily Census	270. 4	76. 7	3. 52	61. 3	4. 41	55. 2	4. 90	52.8	5. 13
Residents Receiving Skilled Care	98. 0	93. 6	1.05	93. 3	1. 05	91.8	1. 07	85. 3	1. 15
Residents Aged 65 and Older	95. 9	93. 4	1.03	92. 7	1. 03	92. 5	1.04	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	48. 0	63. 4	0. 76	64. 8	0. 74	64. 3	0. 75	68. 7	0. 70
Private Pay Funded Residents	13. 3	23. 0	0. 58	23. 3	0. 57	25. 6	0. 52	22. 0	0. 60
Developmentally Disabled Residents	1.0	0. 7	1. 45	0. 9	1. 16	1. 2	0.87	7. 6	0. 13
Mentally Ill Residents	12. 2	30. 1	0. 41	37. 7	0. 32	37. 4	0. 33	33. 8	0. 36
General Medical Service Residents	37. 8	23. 3	1. 62	21. 3	1. 77	21. 2	1. 78	19. 4	1. 94
Impaired ADL (Mean)	44. 3	48. 6	0. 91	49. 6	0.89	49. 6	0.89	49. 3	0. 90
Psychological Problems	67. 3	50. 3	1. 34	53. 5	1. 26	54. 1	1. 25	51. 9	1. 30
Nursing Care Required (Mean)	5. 7	6. 2	0. 93	6. 5	0.89	6. 5	0. 88	7. 3	0. 78